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MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

Thursday, May 21, 2009

Minutes

Chair Moon called the public meeting to order at 1:10 p.m.

Commissioners present: Conway, Falcone, Kan, Krumm, Lyles, McLean, Moore, Olsen, Ontaneda-Bernales, Todd, and Worthington.

ITEM 1.

Approval of the Minutes

Commissioner Todd made a motion to approve the minutes of the April 16, 2009 meeting of the Commission, which was seconded by Commissioner Falcone, and unanimously approved.

ITEM 2.

Update of Activities

Bruce Kozlowski, Director, Center for Health Policy and Financing commended Cathy Weiss of his staff for discovering an error in the February Issue of the U.S. Government Accountability Office (GAO): Improvements Needed to Address Home Health Improper Payments. In communication with the GAO, the error was corrected.

Ben Steffen, Director, Center for Information Services and Analysis, said that staff would convene a meeting of Trauma-Net in June to present plans for reducing the payments from the Fund in 2010.

Pam Barclay, Director, Center for Hospital Services, introduced new staff member Sadie Silcott. She said Ms. Silcott comes to the Commission from Massachusetts where she has recently completed her MBA in Health Policy and Management at Brandeis University. Her experience includes positions at several health care organizations. She has also obtained a Masters in Public Health with a concentration in Health Services Management and Policy from Tufts University. Ms. Silcott will be working with Dolores Sands in the area of Specialized Health Care Services.

Ms. Barclay also said that Commission staff is working with the Department of Health and Mental Hygiene to apply for funds from the Center for Disease Control. She said that the funds have become available through the American Recovery and Reinvestment Act of 2009 to assist states in preventing health care associated infections.

ITEM 3.

ACTION: COMAR 10.25.10 – Maryland Trauma Physician Services Fund – Action on Final Regulations

Ben Steffen, Director, Center for Information Service and Analysis, presented final regulations for the Maryland Trauma Physician Services Fund. Mr. Steffen noted that the proposed regulations were approved at the February public meeting of the Commission and published in the *Maryland Register*. No public comments were received. Commissioner Krumm made a motion to adopt the regulations as final, which was seconded by Commissioner Conway and unanimously approved.

ACTION: COMAR 10.25.10 – Maryland Trauma Physician Services Fund – Action on Final Regulations – ADOPTED as final regulations.

ITEM 4.

ACTION: Requests for Waiver Renewal to Provide Primary PCI without Cardiac Surgery On-Site

- **Anne Arundel Medical Center – Docket No. 09-02-0039 WR**

Anne Arundel Medical Center (AAMC) submitted an application requesting approval to renew its primary percutaneous coronary intervention (pPCI) Waiver. Pam Barclay, Director, Center for Hospital Services, presented the staff recommendation. Ms. Barclay said that AAMC requested that a two-year waiver be issued permitting the hospital to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. She said that, based on an analysis and the record in this review, AAMC meets the COMAR 10.24.17.05D(1) requirements for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measures for on-going quality assessment. Ms. Barclay said the two-year waiver will commence on June 21, 2009 and end on June 21, 2011 and is subject to the following condition: Bonnie L. Hiatt, M.D. must not perform pPCI at AAMC until the Commission receives acceptable documentation of compliance with the ACC/AHA Criteria for Competency of 75 or more total PCI cases for the most recent 12-month period. She also said AAMC must maintain compliance with the requirements for primary PCI programs found in COMAR 10.24.17, Table A-1 in order to retain its waiver. Commissioner Conway made a motion to issue a two-year waiver that permits Anne Arundel Medical Center to provide primary percutaneous coronary intervention services without on-site cardiac surgery services, which was seconded by Commissioner Todd, and unanimously approved.

ACTION: Anne Arundel Medical Center's Request for a two-year Waiver Renewal to Provide Primary PCI without Cardiac Surgery On-Site is hereby APPROVED.

- **Baltimore Washington Medical Center – Docket No. 09-02-0040 WR**

Baltimore Washington Medical Center (BWMC) submitted an application seeking to renew its primary percutaneous coronary intervention (pPCI) waiver. Pam Barclay, Director, Center for Hospital Services, presented the staff recommendation. Ms. Barclay said that BWMC requested that a two-year waiver permitting the hospital to provide pPCI services without on-site cardiac surgery services. Ms. Barclay said the two-year waiver will commence on June 21, 2009 and end on June 21, 2011. She said, based on an analysis and the record in this review, BWMC meets the COMAR 10.24.17.05D(1) requirements for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, process and outcome measures for on-going quality assessment. She said BWMC must maintain compliance with the requirements for pPCI programs found in COMAR 10.24.17, Table A-1 in order to retain the waiver. Commissioner Krumm made a motion to issue a two-year waiver that permits Baltimore Washington Medical Center to provide primary percutaneous coronary intervention services without on-site cardiac surgery services, which was seconded by Commissioner Falcone and unanimously approved.

ACTION: Baltimore Washington Medical Center's Request for a two-year Waiver Renewal to Provide Primary PCI without Cardiac Surgery On-Site is hereby APPROVED.

- **Franklin Square Hospital Center – Docket No. 09-03-0041 WR**

Franklin Square Hospital Center (FSHC) submitted an application requesting approval to renew its primary percutaneous coronary intervention (pPCI) waiver. Pam Barclay, Director, Center for Hospital Services, presented the staff recommendation. Ms. Barclay said that FSHC requested that a two-year waiver be issued permitting the hospital to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. Ms. Barclay said the two-year pPCI waiver will commence on June 21, 2009 and end on June 21, 2011. She said that, based on an analysis and the record in this review, FSHC meets the COMAR 10.24.17.05D(1) requirements for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, process and outcome measures for on-going quality assessment. She pointed out that FSHC must maintain compliance with the requirements for pPCI programs found in COMAR 10.24.17, Table A-1 in order to retain its waiver. Commissioner Todd made a motion to issue a two-year waiver that permits Franklin Square Hospital Center to provide primary percutaneous coronary intervention services without on-site surgery services, which was seconded by Commissioner Ontaneda-Bernales, and unanimously approved.

ACTION: Franklin Square Hospital Center's Request for a two-year Waiver Renewal to Provide Primary PCI without Cardiac Surgery On-Site is hereby APPROVED.

ITEM 5.

Presentation: Small Group Market: Summary of Carrier Experience for the year ending December 31, 2008

Janet Ennis, Chief, Small Group Market, briefed the Commission on the results of the annual financial surveys of carriers participating in the small group market as of December 31, 2008, including such information as average premiums, covered lives, demographics on age and geography, and the number of small businesses that purchased coverage in the small group market. Ms. Ennis also discussed the basic provisions of the Comprehensive Standard Health Benefit Plan (CSHBP), including the income

affordability cap, which is set in statute at 10% of the average annual wage in Maryland. Ms. Ennis reported that the overall cost of the CSHBP for calendar year 2008 was estimated at 85% of the affordability cap, which captures the full impact of the various cost sharing adjustments that became effective July 1, 2004, and July 1, 2006. She reported that for 2008, overall enrollment was down more than 4%, along with a large shift in enrollment from traditional HMO and PPO products to consumer-directed health plans. By policy type, this decline in enrollment was seen in all types of coverage in 2008, in contrast to 2007, when most of this decline occurred in dependent coverage. Some level of drop off occurred within each age band; however, the data indicated that younger employees were losing coverage at a faster rate than the older population. Next, Ms. Ennis discussed changes in premium, 2006-2008, across various delivery systems, noting the following: HMO premiums increased significantly in 2007, but leveled off some in 2008; the cost of PPO products rose steeply in 2007, then experienced an even larger increase in premium in 2008; HMO/H.S.A. premiums also increased significantly in 2008 but PPO/H.S.A. rates actually declined, making this a much more affordable option (given the combined deductibles and tax benefits), compared to the standard PPO product.

Ms. Ennis concluded the presentation by noting that the Governor recently signed SB 637 into law, which will reform the small group market through the removal of the benefit floor in the CSHBP. This new law also will allow carriers in the small group market to impose pre-existing condition limitations for up to 12 months based on a 6-month "look back" period. Both of these changes become effective on October 1, 2009.

ITEM 14.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:25 p.m., upon motion of Commissioner Krumm, which was seconded by Commissioner Todd, and unanimously approved.